

# HOARDING AND UNSANITARY LIVING CONDITIONS

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## PUBLIC HEALTH ISSUE

It can be common for residents to hold onto items for a variety of reasons, such as sentimental items or items that they believe they may have some use for in the future. However, extreme clutter, when left unchecked, can create unsafe and unsanitary conditions. Hoarding Disorder is defined by three prominent features: 1) persistent difficulty discarding or parting with possessions regardless of their actual value; 2) a perceived need to save the items, and distress associated with discarding them; 3) accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use (DSM-5-TR, American Psychiatry Association, 2022). This mental health disorder can significantly impact individuals' lives by creating poor sanitary conditions in the home, increasing safety risks such as fire hazards, exacerbating health issues, and even facilitating homelessness. In worst case scenarios, hoarding conditions can lead to untimely death.

## ROLE OF THE HEALTH OFFICER

As the Health Officer, you have authority under RSA 147 to enforce public health nuisance codes as well as order a building/unit vacated if it presents a clear danger to the health of occupants or other persons. Your role as the Health Officer is to document hazardous conditions and public health threats in the home environment, report the situation to the appropriate partners, and enforce public health laws as applicable. Specifically, you:

- Shall inquire into all nuisances and other causes of danger to the public health ([RSA 128](#))
- Shall [report concerns of abuse or neglect](#) to appropriate state agencies
- May enforce state laws that may apply, including minimum housing standards for rental units ([RSA 48-A](#)), state public health nuisance standards for all property ([RSA 147](#)), and hazardous building standards ([RSA 155-B](#)) for all housing.
- May collaborate with appropriate partner agencies to report conditions, provide documentation of hazards, and provide additional resources and services to the individuals impacted

As the Health Officer, it is NOT your role to oversee the resident's connection to long term supportive services or housing services. The extent of your responsibility is to ensure any public health hazard or imminent health hazards are abated in the environment where the resident is living. However, for long term success of remediating hoarding environments, a collaboration of medical providers and social and supportive service agencies should continue to work with the resident to prevent relapse.

## LAWS AND REGULATIONS

- **RSA 48-A** Housing Standards; (rental housing only)  
<http://www.gencourt.state.nh.us/rsa/html/III/48-A/48-A-14.htm>
- **RSA 147** Nuisances; Toiles; Drains; Expectoration; Rubísh and Waste;  
<http://www.gencourt.state.nh.us/rsa/html/X/147/147-mrg.htm>
- **RSA 155-B** Hazardous and Dilapidated Buildings;  
<http://www.gencourt.state.nh.us/rsa/html/XII/155-B/155-B-mrg.htm>

## ROLE OF OTHERS

**Bureau of Adult and Elderly Services:** The [NH DHHS Bureau of Elderly and Adult Services \(BEAS\)](#), carries out the legal requirements of the Protective Services to Adults Law under the [Adult Protection Program](#) for those 18 years old or older. Their activities include investigating reports of alleged emotional abuse, physical abuse, sexual abuse, neglect, exploitation, and/or self-neglect, determining the validity of the report and the need for protective services; and providing or arranging for the provision of protective services when necessary.

BEAS also provides a variety of social and long-term supports to adults age 60 and older and to adults between the ages of 18 and 60 who have a chronic illness or disability. In responding to concerns of hoarding or unsanitary living,

**Child Protection and Juvenile Justice:** The NH DHHS Division for Children, Youth and Families (DCYF) manages protective programs and provide a wide range of family-centered services for children younger than 18 years old. To further ensure the safety of NH children, a **Special Investigations Unit (SIU)** investigates all allegations of abuse and neglect. [You can learn more about DCYF's Child Protection Bureau here](#) or call to make a report at 603-271-6562.

**As the Health Officer**, if you suspect abuse, neglect, self-neglect or exploitation of a vulnerable adult 18 years old and older, you must call [BEAS to file a report](#). Concerns for the living conditions in and around a home can be grounds for filing a report. If you receive a concern of hoarding or unsanitary living that involves children (any individual under the age of 18), [you must file a report immediately with DCYF](#).

**NH Society for the Prevention of Cruelty to Animals:** As part of their mission, the [New Hampshire Society for the Prevention of Cruelty to Animals \(SPCA\)](#) responds to animal cruelty through a variety of programs and services. The SPCA is one of the few humane societies in the state with a cruelty investigations staff. If you receive a concern of hoarding or unsanitary living that involves animals, please contact the New Hampshire SPCA [and file a complaint here](#).

**Additional Partners:** Each hoarding case is unique as to the conditions present, the space impacted, and the individuals involved. As a result, there may be additional partners beyond those listed above that you may want to contact for additional support. Some possible partners include:

- *Local Fire Department:* Your local fire department can be an important partner in identifying any potential safety or fire hazards present in the home or for first responding staff. Upon conducting their own inspection, the fire department staff may be able to provide you with written document of their concerns which you can use as evidence in your investigation.
- *In-Home Services Staff:* During your investigation, determine if the resident has any in-home service providers. As the Health Officer, you can work with these providers to gain access, verify conditions, document barriers to remedying the situation, or identify possible solutions.
- *Medical Providers:* Hoarding often co-occurs with other mental and physical illnesses. Determine if the resident is connected to any medical professionals.
- *Housing Provider:* If the resident is in a rental situation or in subsidized housing, you will want to work closely with the landlord, keeping them informed of progress in addressing the situation.
- *Local Police:* If you have concerns for illegal activity occurring in the location, contact your local police for additional inspection and enforcement support.

Ensuring long term success in remediating hoarding conditions often requires collaboration between numerous State and local officials as well as social service agencies and medical providers. When you receive a hoarding complaint, it is important to recognize which partners can help you address the situation and create a plan for remediation. It can be the local Health Officer who organizes this coalition as well as acts as the enforcement arm if conditions are not improved.

## WHEN DOES HOARDING BECOME A PUBLIC PROBLEM?

Hoarding becomes a public health problem when the extent or nature of the hoarding poses a health or safety risk to others, including animals. In multi-unit rental dwellings, it is easier to prove that the hoarding conditions present a danger or a public health hazard to adjacent occupants. These dangers can be in the form of noxious odors, pest infestations, or improper disposal of waste. RSA 147 allows the Health Officer to order the owner or occupants to clean and put the premises in proper sanitary condition when a building or dwelling has become a source of danger to the health of its occupants or others from want of cleanliness. Specifically,

- **RSA 147:4 Nuisances** - allows a Health Officer to order an owner or occupant of a building to remove a nuisance considered by the Health Officer to be injurious to the public health.
- **RSA 147: 13 Offensive Matter** - allows a Health Officer to order a person to dispose of any refuse or garbage or substances, which may become putrid or offensive which may be injurious to the public health.
- **RSA 147:17 Cleansing Premises** - allows the Health Officer to order the owner or the occupants to clean and put the premises in proper sanitary condition when a building or dwelling has become a source of danger to the health of its occupants or others from want of cleanliness.

## SUGGESTED STRATEGIES FOR COMMUNICATING WITH HOARDING RESIDENTS

Attempts to help with de-cluttering or orders to simply “remove items” may not be well received by the person who hoards. In your communication with a resident who is hoarding, it is helpful to keep in mind that until the person is internally motivated to change, they may not comply with orders to clean up a space or accept offers to help clean up. Furthermore, in situations where spaces are cleaned without the resident’s permission, it may cause extreme distress, harbor feelings of distrust or anger, and may cause attachment to their possessions to become even stronger. When you identify potential hazards in a hoarding environment and begin to communicate these hazards to the resident, it is important to remember the following points:

- Acknowledge the fact that the person has the right to make decisions at their own pace. Respect where the person is in his or her journey managing the hoarding condition.
- Try to understand the importance of the hoarded items to the person or understand the challenges/barriers they face in removing the items.
- Collaborate. Find out what motivates the person to organize as opposed to arguing over what items should be kept or removed.
- Help the person to understand how the hoarded items interferes with not only his or her personal safety, but the safety of those entering the space (family, caregivers, first responders, etc.)
- Strategize ways to make the space safer for the resident. Suggest moving items away from doorways or means of egress, heating elements, and cooking devices, and removing spoiled food and refuse.

It is known that attempts to “clean out” the homes of people who hoard without treating the underlying problem usually fail. While you may order a home cleared of hoarded material or even have the resident removed from a home, it is likely that the behavior will resurface. As a result, it is critical to ensure that residents are connected to service providers who can motivate them to maintain a certain level of sanitation. Your job as the Health Officer is to ensure the area is free of housing code violations and public health hazards.

## **SUGGESTED INSPECTION PROTOCOL**

When a Health Officer or local board of health receives a hoarding or unsanitary living concern, you may:

### **1. Verify the complaint**

- a. You may wish to call ahead to notify the current tenant and landlord (if any), that you would like to perform an inspection. Or, you may choose to perform a site visit. Be sure to bring with you any inspection forms, camera/phone, flashlight, PPE, etc. If you have trouble accessing the home, review the [Administrative Inspection Warrant document](#) to learn how to use this tool to gain entry.
- b. If you would like a second opinion or have safety concerns, bring another town official such as a member of the fire department or police department.
- c. Once onsite, document the date, time of your inspection, who was present with you, and what you observed. It is recommended that you document your findings with a camera and written notes. Document the conditions you can see from the outside (accumulating trash on the outside) as well as conditions you identify in the interior (hoarded materials, code violations, safety concerns, health hazards, etc.). Interview the resident to learn about any other services he or she is connected to as well as barriers they face in removing items and trash from the property.

### **3. Identify Potential Partners and Report as Necessary**

- a. As a result of your inspection, identify partner agencies to report the conditions to who may assist you in additional follow up, remediation, and possibly enforcement.
- b. If you suspect abuse or neglect (including self-neglect), file reports with the appropriate agency (DCYF, BEAS, NHSPCA).

### **4. Follow Up**

- a. In follow up to your inspection, write up your findings and concerns in a letter to the resident and include any photographic evidence. In the letter include a description of the hazards and the other agencies who have been made aware of the conditions. Provide a suggested course of action the resident can take to ameliorate the condition. Send the correspondence to the landlord and any other partners, if applicable.
- b. Collaborate as appropriate with partner agencies to reduce barriers in resolving the health hazards. This may require periodic site visits/inspections or meetings with partner agencies to discuss how the resident is making progress in abating the hazards in the space.

### **5. Enforce**

- a. If a violation exists under RSA 147 you may choose to begin the process of enforcement as outlined in that statute. Alternatively, you may choose to evoke RSA 155-B for hazardous housing if RSA 147 does not apply. Suggested steps include: 1) verbal warning; 2) follow-up inspection; 3) written warning; 4) follow up inspection; 5) written order; and 6) follow up inspection. We encourage you to work in consultation with a town attorney regarding enforcement measures.
- b. In some cases, it may be that the conditions do not improve and health and safety hazards remain. You may determine that the space is unfit for habitation and poses an imminent health hazard to the resident. In these situations, it may be that you order the resident to vacate the home as is outlined in RSA 147 or deem the space inhabitable as described in RSA 155-b. While it is not preferable to make the individual homeless, some situations require removing the resident from the space until conditions can be improved. Remember to work closely with town attorney to ensure you are

correctly following statutory protocol as well as working closely with social service agencies to help ensure the resident can be moved into a temporary residence.

## **RESPONDING TO HOARDING: OWNER-OCCUPIED VS. RENTAL UNITS**

There are several statutes that give Health Officers authority to order a property owner to clean a building; repair a dilapidated structure; vacate a building; or demolish the structure because of dilapidated conditions that are hazardous to the health of the public. If hoarding conditions are present in rental units, you may utilize RSA 48-A, RSA 147, or RSA 155-B in your investigation and enforcement efforts.

In the event that a hoarding condition is present in a single family home or an owner-occupied home, you do not have the ability to cite violations under RSA 48-A. Additionally, it may be more difficult to cite RSA 147 unless you can prove that the conditions are actually impacting abutting properties. This can be in the form of pest infestations that are documented as migrating off site (i.e. rodent infestations as a result of hoarded conditions or outside trash accumulation that has the potential to harbor rodents). If RSA 147 cannot apply to a single family home or an owner-occupied home, you may utilize your authority under RSA 128 to “inquire into causes of danger to the public health” and conduct an investigation. While you may have limited enforcement authority in these situations, your inspection report can be utilized by other agencies as documented evidence of health concerns on site. Upon consultation with a town attorney, your municipality may choose to evoke [RSA 155-B “Hazardous and Dilapidated”](#) buildings to order a building or location to correct hazardous conditions.

### Additional Resources:

[Adult Protective Services Brochure: “Abuse Hurts at Any Age”](#)

[International OCD Foundation Hoarding Fact Sheet](#)

[Hoarding in Massachusetts: Some Basic Information](#)

[Hoarding Disorder from the Mayo Clinic](#)

For more information:

Department of Health and Human Services  
Bureau of Adult and Elderly Services  
Adult Protective Services Central Intake # 603-271-7014  
<https://www.dhhs.nh.gov/report-concern/adult-abuse>  
Or email us at: [apscentralintake@dhhs.nh.gov](mailto:apscentralintake@dhhs.nh.gov)  
Find us on the web at: <https://www.dhhs.nh.gov/report-concern/adult-abuse>